

Department of Health (DOH) & Department of Human Services (DHS)
Questions and Answers (Q&A), Part 2
May 21, 2010

1.	<p>Q: What will the QUEST eligibility criteria be for adults (SPMI) and children (SEBD)?</p> <p>A:</p> <ul style="list-style-type: none">• For Adults: The eligibility for adults is based on AMHD eligibility criteria, with a qualifying SPMI diagnosis and demonstrated instability and /or functional impairment.• For Children and Adolescents: The eligibility criteria is a qualifying SEBD diagnosis (same as CAMHD) and the member's Child and Adolescent Functional Assessment Score (CAFAS) of more than 80.• In extraordinary situations, the QUEST Health Plan Medical Directors may, on a case-by-case basis, authorize SPMI/SEBD services when medically necessary.
2.	<p>Q: After the transition, a person with QUEST is receiving services through a provider which their QUEST Health Plan contracted with. If this person loses QUEST coverage, either temporarily or permanently, what happens to the services being provided by the provider? May the person then apply to AMHD as an uninsured person?</p> <p>A:</p> <ul style="list-style-type: none">• If a person does not have any insurance coverage, they may apply to AMHD for services. They will receive assistance on how to apply for insurance.• If they become QUEST eligible, they will be cared for by their QUEST Health Plan.• If they are with an AMHD eligible insurance like QExA, they may receive services from AMHD if they meet all the AMHD eligibility requirements.
3.	<p>Q: What are the parameters given to the QUEST service providers regarding services to be provided their insured's?</p> <p>A:</p> <ul style="list-style-type: none">• The Centers for Medicare & Medicaid Services (CMS) has approved behavioral health services for provision to Medicaid clients. These behavioral health services are described in DHS administrative rules 17-1737-44.1.• The QUEST Health Plans will follow the same parameters that AMHD followed that are in accordance with CMS and DHS rules.
4.	<p>Q: What is the extent of member choice in selecting a QUEST Health Plan?</p> <p>A:</p> <ul style="list-style-type: none">• Members have choice of Health Plan in the QUEST program. When a member becomes eligible for the QUEST program, they can choose their Health Plan.

	<ul style="list-style-type: none"> In addition, members can change their Health Plan during annual plan change. Annual plan change for QUEST occurs from November 1 through 17, 2010 with change in Health Plan effective on January 1, 2011.
5.	<p>Q: Are there any national accreditation requirements to be met by the QUEST Health Plans?</p> <p>A: Yes. The QUEST Health Plans must be accredited by the National Committee either for Quality Assurance (NCQA) or URAC.</p>
6.	<p>Q: Are there any national accreditation requirements to be met by the direct service providers that contract with the QUEST Health Plans?</p> <p>A:</p> <ul style="list-style-type: none"> The QUEST Health Plans must credential their providers to meet Federal requirements for participation as a Medicaid Managed Care Health Plan. For specifics related to each QUEST Health Plan's credentialing process, please contact the Health Plan directly.
7.	<p>Q: Are the contracts with the QUEST providers and the State DOH/AMHD available for public review at the present time? If not, when will they be available, and where can they be found?</p> <p>A:</p> <ul style="list-style-type: none"> DHS contracts with the QUEST Health Plans to manage care for their assigned members and not DOH/AMHD. Requests for copies of the contract between DHS and each QUEST Health Plan are public information. DHS will respond to Uniform Information Practices Act (UIPA) requests for copies of their contract with the QUEST Health Plans.
8.	<p>Q: What is the process today regarding registering consumers for a change-over of their direct service providers (to a QUEST Health Plan)?</p> <p>A:</p> <ul style="list-style-type: none"> Consumers are not required to "register" for the transition. The transition plan is detailed in the presentation from the DOH/DHS informational briefing on April 29, 2010 (available on the DOH and DHS websites). A more detailed referral process will be distributed to consumers and service providers sometime in the near future.
9.	<p>Q: Will consumers who will transition to QUEST who currently have Peer Coaching and Peer Specialist services continue to receive those services?</p> <p>A: No update at this time. A response will be posted once an interagency review is completed.</p>

10.	<p>Q: What efforts are being made to bring about greater continuity of health care within the DOH/DHS systems?</p> <p>A: This project is one effort being made to bring about greater continuity of health care.</p>
11.	<p>Q: Dr. Sheehan spoke of a need to develop a seamless system of care, suggesting primary and mental health care services without a break between providers. Yet, the transition to the QUEST providers as laid out so far, doesn't do much in moving in that direction. How does this move bring about this seamless system of care?</p> <p>A:</p> <ul style="list-style-type: none"> • This project is intended to improve the continuity and integration of care for QUEST members. Having both behavioral and physical health care provided under one Health Plan will allow clinical information, utilization review, outcomes measurement, care coordination, and any other data set to be managed within one organization. • Our current split system has one set of a consumer's information held by the Department of Health either directly (in state operated centers) or indirectly (in purchase of service providers), and one set held by the consumer's Health Plan. This split system contributes to inefficiency and information sharing problems. • An integrated system, with all health care information in one place, with better care coordination for our consumers, is the intended result.
12.	<p>Q: In line with the idea of building a seamless system of care, can we expect to see those other services now retained by AMHD, i.e., Housing, Clubhouse, Representative Payee, Crisis Outreach, Forensic, and uninsured, to be transferred to the QUEST managed care organizations? Is there a timetable for such a transition?</p> <p>A: There is no plan at this time to transition those services that will be retained by AMHD.</p>
13.	<p>Q: ADAD was obviously absent from the announcement meeting of this change between DOH/DHS, although some reference was made that ADAD had been at the discussions and that they too supported the change over to this seamless system of care. What really is the buy-in of ADAD, and is there going to be any change in ADAD contracting/procurement policies?</p> <p>A:</p> <ul style="list-style-type: none"> • This project affects behavioral health services being provided by the Adult Mental Health Division and the Child and Adolescent Mental Health Division. • Alcohol and Drug Addiction Division (ADAD) has not been a part of this project planning process. Questions regarding any effect on ADAD services are best addressed with that organization directly.

14.	<p>Q: Dr. Hestor/Radke administration once spoke of attempting to support the placement of primary health care physicians within mental health care facilities, with capacity for billing by the PCP. One possibility would be to use the State Hospital as a "go-between" to meet the requirement of an appropriate billing entity. Has there been any further progress in this direction under AMHD's subsequent leaderships?</p> <p>A: This area was not discussed as part of this QUEST transition project.</p>
15.	<p>Q: The State operated CMHC's do not provide Housing, Clubhouse, Representative Payee, and Crisis Outreach services. With the small amount of Forensic cases, and the temporary nature of the uninsured who should be quickly converted to insurance, what will the CMHC's now be doing?</p> <p>A:</p> <ul style="list-style-type: none">• Community Mental Health Centers will continue providing services to other consumers who are currently in care.• Additionally, as case management space becomes available when individuals are transitioned to their QUEST plans, that capacity will be used to assist new consumers coming into the system, as well as consumers moving from purchase of service providers into state operated services.• Individuals with QUEST Expanded Access coverage continue to be served by the Adult Mental Health Division, as well as uninsured and Forensic consumers.
16.	<p>Q: Is there being planned a shut-down of some of the CMHC's? Is there being planned a reduction in force among CMHC's staff? If yes, what are the plans and time lines?</p> <p>A: No.</p>
17.	<p>Q: With the reduction in direct service to the SMI population, is there a planned reduction in AMHD staff? How soon and to what extent?</p> <p>A: No</p>